

Patent Attorneys

STIENNON & STIENNON

P.O. Box 1667; Madison, WI 53701-1667; phone (608) 250-4870; Fax (608) 250-4874

This transmission is intended for the exclusive use of the named recipient. If you are not the named recipient, you are hereby notified that any use, copying, disclosure or distribution of the information transmitted herewith may be subject to legal restriction or sanction, and you are requested to notify us by telephone (collect) (608) 250-4870 to arrange for return or destruction of the information and all copies.

FORMAL AMENDMENT**RECEIVED
CENTRAL FAX CENTER**

FEB 11 2004

OFFICIAL

Fax to:

Examiner M. Jimenez
U.S. Patent and Trademark Office
Group Art Unit 3726

At Fax Number:

(703) 872-9306

From:

David R. J. Stiennon

Date:

February 11, 2004

Time:

Our Reference:

FORSAL-31

This transmission has 14 pages (including this sheet)

There follows in Application No. 10/034,423.

- PTO/SB/21 Transmittal letter (1 p)
- Amendment (11 pp)
- PTO/SB/22 Request for 2-month extension of time (1 p)
with authorization to charge \$420.00 to deposit account

PTO/SB/21 (12-87)

Please type a plus sign (+) inside this box.

Approved for use through 9/30/00. OMB 0851-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (To be used for all correspondence after initial filing)		Application Number	10/034,423
		Filing Date	December 27, 2001
		First Named Inventor	Arttu Laitinen
		Group Art Unit	3726
		Examiner Name	M. Jimenez
Total Number of Pages in This Submission		Attorney Docket Number	FORSAL-31
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (For an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) And Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	
		<input type="checkbox"/> After Allowance Communication To Group <input type="checkbox"/> Appeal Communication to Board Of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (Please identify below):	
		Remarks The Commissioner is hereby authorized to charge any additional fees that may be required with respect to this communication, or credit any overpayment, to Deposit Account No. 50-2663	
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name		David R. J. Stiennon, Reg. No. 33212	
Signature		<i>David R. J. Stiennon</i>	
Date		2/11/04	
CERTIFICATE OF FACSIMILE TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to United States Patent and Trademark Office on this date:			
Typed or printed name		David R. J. Stiennon, Reg. No. 33212	
Signature		<i>David R. J. Stiennon</i>	
Date		2/11/04	